T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	marton should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Z	1	1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Calvart	Registration Dist. No. 5
Village or City & aloncono	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
6	to the state of th
2. FULL NAME Gieglie Con	70-9
(a) Residence: No. (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Williams	
7. AGE Years Months Oays If LESS than 1 day,hrs. ormln.	to have occurred on the date stated above, at 20.4 m. The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Careteker SAWYER, BOOKKEEPER, etc.	Interculoses of the
kind of work done, as SPINNER, well as SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased also worked et this occupant in the same in	
10. Oate deceased last worked et this occupation (month and 9 35 spent in this occupation (2000)	
12. BIRTHPLACE (city or town) Andarous (State or country)	Other Contributory Causes of importance:
13. NAME Culcuour	<i>Y</i>
14. BIRTHPLACE (city or town) UMCHOWN	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Wykuown	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME WALOWN 16. BIRTHPLACE (city or town) MAIOEN (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Lindatus (Address) Processory our Calvert Co	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Salomons. Mg. Oate 3/1/, 1935	Manner of injury
19. UNOERTAKER 6. 6. 6. 1 1 40 11 (Address) Solomons. Md.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 3/11 , 1935 DEE. 1 Coler Registrar.	(Signed) M. D. (Address) Alomons, M. D.
76	AT COLL C P. L. P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	The state of the s
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02773
1. PLACE OF DEATH	(P)
County County	Registration Dist. No.
Village or City O-options	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fred Lee Wi	you
(a) Residence: No. Poplars	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH MAL. 17
11 C. Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Nov. 28, 1934	I last saw h alive on, 19; death is said
7. AGE Years Months Days of If LESS than	to have occurred on the date stated above 12m.
7 Thos nor 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and elated causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date or onset
SAWYER, BDDKKEEPER, etc	Totally Millings
S. Industry of Business in which Work wes done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years)	
O this occupation (month and year) spent in this occupation	
12, BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) Cherry Co.	
13. NAME John Sixon	
13. NAME COMME COMME TO THE STATE OF THE STA	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catell Orden	23. If death was due to external causes (VIOLENCE) fill In elso the following:
6 16. BIRTHPLACE (city or town) Culous	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ATTIM Dryon	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Date 3/18 19:35	Manner of injury
78 - 2 11 0	Nature of injury.
19. UNDERTAKER MANUA ARTICLEY (Address)	24. Was disease or injury in eny way related to occupation of deceased?
m- la or on in.	If so, specify (Signed) M. D. M. D.
20. FILED 1820, 1935 Pregistrar.	(Address) mee brighting
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		S BI PHYSICIAN	

WRITE PLAINCY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
WARGIN RESERVED FOR BINDIR WRITE PLAINCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every iten Mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
WRITE PLAINCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANENT RECO- mation should be carefully supplied. AGE should be stated EXACTLY. PH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
WARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT metion should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.
MARGIN RESERVED FOR E WRITE PLAINCY, WITH UNFADING INK-THIS IS A PI Detion should be carefully supplied. AGE should be stated I CAUSE OF DEATH in plain terms, so that it may be properly
WARGIN RESERVED WRITE PLAINCY, WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be
MARGIN RESERVING WITH UNFADING INK-T. metion should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may
WRITE PLAINCY, WITH UNFAD mation should be carefully supplied. CAUSE OF DEATH in plain terms, s
WRITE PLAINEY, WITH mition should be carefully secured.
WRITE PLAINEY mation should be ca
WRITE P mation short

1.	PLACE OF DEATH	LAND	CERTIFICATE OF DEATH	02774
	County Calvert	,	Registration Dist. No.	52
	Village or City (1) Fudin	ale,	(1-2 10, No. 1)	St., War
			death occurred in a hospital or institution, give its NAME instead of str	reet and number)
	Length of rasidence in city or town whera daath occurred	yrsmos	Va V	mosa
2.	FULL NAME My as	mm a	unicasion	
	(a) Residence: No	ace of abode)	Mard. If nonresident give city or to	own and State
	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SI		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH March (Month) (Day)	5, 193 5 (Year)
Ja. 1	(or) WIFE of	n.	22. 3 HEREBY CERTIFY, That is	ettended deceased fro
6. D	ATE OF BIRTH (month, day, end year)	875	i last saw h. us. elive on 3173/3,	19; daath is sa
7. A	, 7 3	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
	60 1 7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of onse
	8. Trade, profassion, or particular kind of work dona, as SPINNER,	not		
UPAII	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	n.,	Septiseema,	3/12
000	10. Date dacaased last worked at this occupation (month end	al time (years) spant in this occupation		
12. 1	BIRTHPLACE (city or town) (State or country)		Other Contributory Causes of importanca:	2/11
ב	13. NAME W. Edmi	'do ton	Jan	2/10
ΞĪ	14. BiRTHPLACE (city or town)		Neme of operation	Date of
2	(Stata or country)	` '	What tast confirmed diagnosis? Was t	hare an autopsy?
I 1-	15. MAIDEN NAME	n	23. If deeth was due to external ceuses (VIOLENCE) fill in also the	
MO	16. BIRTHPLACE (city or town)	<u>C</u> .,	Accident, suicide, or homicide? Date of injury	/, 19
17. i	informant / tropt mean (Addrass)	J	Where did injury occur? (Specify city or town, county Specify whather injury occurred in iNDUSTRY, in HDME, or in PU Ban sphrite an finger while at we	and State) BLIC PLACE.
18. I	BURIAL, CREMATION, OR REMOVAL Place Elva Cambry Hon	mar. 27-193		
19. (UNDERTAKER WH Histohuns (Address)		24. Was disaase or injury in any way releted to occupation of decar	ased?
20. [FILED March, 1993 W.7+ Hard	lechy-	(Signad) (Addrass)	ν

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	A Comment		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONA	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
4					
•	A				

STATE OF 1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	02775
county Coluer	X	Registration Dist. No.	51
Village or City	relow	NO	_St Wa
Length of residence in city or town where death of		deall occurred in a hospital of institution, give its 1474142 instead of	
2. FULL NAME / Jake	. Nar	res.	
(a) Residence: No.	enstown	St., Ward.	
	(Usual place of abode)	lf nonresident give city o	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DI	EATH
	R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	5 / 193 5 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That	0 215 11 3
	3/23/35	3/19/35,10 3	4/0 35 double
DATE OF BIRTH (month, day, and year) AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	19_33; death is
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importunce as follows:	tance Date of or
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Tremature	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		builto-	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
2. BIRTHPLACE (city or town) (State or country)	orslow	Other Contributory Causes of importance:	
	Harris		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	mel.	Name of operationWhat test confirmed diagnosis?Wa	
15. MAIDEN NAME S-adi's	Gral au	23. If death was due to external causes (VIOLENCE) fill in also the	
15. MAIDEN NAME S-adie 16. BIRTHPLACE (city or town)	72.1	Accident, suicide, or homicide? Date of inj	No.
(State or country)	100	Where did injury occur?	
7. INFORMANT Josefa (Address)	anolder.	(Specify city or town, cou Specify whether injury occurred in INOUSTRY, in HOME, or in	PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place arralls Da	10 3/2 L 1935	Manner of injury	
9. UNDERTAKER Joseph Ho (Address) (Obstant	errie	24. Was disease or injury in any way related to occupation of de	ceased?
0, FILED 125 , 1935	M. J. Registrar.	(Signed) Sur	early &

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A	N
	434	d

WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDI

1.	PLACE OF DEATH	(90)
	County Calvert	Registration Dist. No. 52
	Village or City Ruice Frederick	No. Calvert. Co. Hospital St. W.
	(lf c	death occurred in a horpital or institution, give its NAME instead of street and number)
	111 a. //-	ds. How long in U.S. if of foraign birth?yrsmos
2	FULL NAME THEY HAVE	
	(a) Residence: No (Usual place of abode)	St, Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (white the word)	(Month) (Day) (Year)
а.	If married, widowad, or divorced HUSBAND of	
	(or) WIFE of	1 HEREBY CERTIFY, That I Mended daceased f
D	ATE OF BIRTH (month, day, and year) 7 1840 ?	I lest saw harmalive on March 10 1927; daath is
	GE Yaars Months Days If LESS than	to have occurred on the dete stated above, at 5 P.m.
	95? I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
1	8. Trade, profassion, or particular kind of work done, as SPINNER.	Categoria Categoria Categoria
2	SAWYER, BOOKKEEPER, atc.	
L	9. Industry or business in which work was dona, as SILK MILL.	
3	SAW MILL, BANK, etc	
1	this occupation (month end year) spent in this occupation	
2	BIRTHPLACE (city or town)	Other Countibutory Causes of importance:
400	(State or country)	Stul to his lites
5	13. NAME Inform	
	14. BIRTHPLACE (city or town)	Neme of operation Date of
-	(Stata or country)	What test confirmed diagnosis? Was there an europsy?
	15. MAIOEN NAME	23. If death wes due to axtarnal causas (VIOLENCE) fill in also the following:
20.0	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
E	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place Lower Marlbradete Mar. 12,1935	Nature of injury
19.	UNDERTAKER Wilson mason (Addrass) Pres Frederick	24. Was disaase or injury in eny way related to occupation of decaased?
	FILED Mar. 11, 1935 M. 3. Cot	(Signed) Augh W Ward

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	-3h †
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

tion should be carefully supplied.

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	777
1.	PLACE OF DEAT	TH /			7	0 0 6
	County County	sers			Registration Dist. No.	
	Village or City	Hat unal	0,00	0.		Word
	Village of City	Maria Maria	······	(If	ND. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residance In ci	ty or town where daa	th occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsm	osds.
2.	FULL NAME	aus to	AURED	Haras	usu	
	(a) Residence: No	Hole	11/1	Quele	St Ward.	
	(a) Residence. No	(F	(Usual place	of abode)	If nonresident give city or town and	State
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	emale 10	R OR RACE S	SINGLE, MARI OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yeer)
5e. I1	married, widowed, or divo	rced	6		M LUEDEDV CEDTIEV THE	
	(or) WIFE of	- D- D			22. HEREBY CERTIFY, Thet I attended	decaesad from
		Mar	1/1 30	1906	Hast saw h at alive on March 22 1935	, 19
7. AC	ATE OF BIRTH (month, day E Years	Months	Days	If LESS than	to have occurred on the data stated above, at	.; death is said
". AC	10	11	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
-	28		d/	ormin.	wera as follows:	Data of onset
NO	8. Trade, profession, or pa kind of work done,	as SPINNER, "Man	occum	aline	Medialla	3/17
Ē	SAWYER, BODKKEE	PER, elG			Cpsslasis -	3/27
3	work was dona, es S SAW MILL, BANK, e	ILK MILL, —	_			
OCCUPATION	D. Date decaased last wor this occupetion (more year)	ked et	11. Total ti span	me (years) It in this pation		
		On One	, of Pa.		Other Contributory Canses of Importance:	1000
12. B	(State or country)	Sevia	y cal	acy	Nypeneusear	-
œl.	40	11100	Star o		Down celled my cry	
FATHER	13. NAME MO	mas 1	rough	man	Le oullary amount	
AT 1	14. BIRTHPLACE (city or to	wn) AN	WALL	eury	Name of oparation Data of	
-	(Stata or country)	1 11 16	1/10/4 -	10 21	What tast confirmed diagnosis? Was there an	autopsy?
MOTHER	15. MAIOEN NAME	alla Re	bycer	filely	23. If daath was due to extarnal causes (VIDLENCE) fill in also tha following	g:
5	16. BIRTHPLACE (city or to	wn) CA	lver,	Causely	Accident, suicide, or homicide? Date of Injury	, 19
Σ	(State or country)		YULL.	+/-	Whare did Injury occur?	
17. 11	NFORMANT MILE T. (Address)	om Ho	res	2	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18. B	URIAL, CREMATION, OR R	EMDVAL	3/		Manner of injury	
	Plece Asbu	ry	Date 12	, 1955	Neture of Injury	4
	1 1	1. Harl		1_	24. Wes diseese or injury In any way ralated to occupation of deceased?	No
19. U	NDERTAKER 9. (Addrass)	1-1.20	as a de to		If so, spacify	
	3/1	3-0-	h f		(Signed) MAS	M. D.
20. F	ILED 7 27	935 X	6 yeng		Al sale The de sale	7 /

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Í	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LURITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

7. PHYSICIANS should state Exact statement of OCCUPA-

4.	PLACE OF DEATH County Calvery		(23)	. 50
	20		Registration Dist.	. No.
	Village or City Solomons	(If dea	NoNoath occurred in a hospital or institution, give its NAME inst	St., War
	Length of residence In city or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	
2.	FULL NAME OMNIE CO	ra D.	tumplinely	
	(a) Residence: No.		St., Ward,	
	(Usual place of	of abode)		city or town and State
	PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE O	F DEATH
FC.	male White, OR DIVORCED	RIED, WIDOWED, (write the word)	1. DATE OF DEATH March (Month)	3/, 193 5 (Day) (Year)
a. If	married, widowed or divorced		No.	
((or) WIFE of Johnson	plures 22	2. I HEREBY CERTIFY. Dec 15- 1934, to Man	
c DA	TE OF BIRTH (month, day, and year) Quesus 4	-1865	20. 20.	, 19 3 4; death is sa
7. AGI			to have occurred on the date stated above, at !!	
	69 7 27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of	
	8. Trade, profession, or particular	ormin.	were as follows:	Date of one
5	8. Trade, profession, or particular lend of work done, as SPINNER. / Jousely SAWYER, BOOKKEEPER, etc	2	Julevculson -	1925
PALION	9. Industry or business in which work was done, as SILK MILL,		Pulmonary - 1 Hortro	
51	SAW MILL, BANK, etc		intertince.	
2	this occupation (month and spen	t in this	~	
	00000 m 00110		Other Contributory Causes of importance:	
12. BI	(State or country)			
× 1	3, NAME Polery & Doute			
E -	72			
14	4. BIRTHPLACE (city or town) (State or country)	. A	Name of operation	
Z 1!	5. MAIDEN NAME MARIO	10.	What test confirmed diagnosis?	
			3. If death was due to external causes (VIOLENCE) fill in a Accident, suicide, or homicide? Date	
Z Z	6. BIRTHPLACE (city or town)		Where did injury occur?	or mjurj, 17
17. IN	FORMANT Starry Shern (Address) Solomons, 3		(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,	or In PUBLIC PLACE.
18. BU	DRIAL, CREMATION, OR REMOVAL		Manner of injury	******************
	Place Fusly - Md Date Ofer	103	Nature of Injury	
19. UN	NDERTAKER a . 1 turke (Address) Multi al . Ma	ces - 2	4. Was disease or injury in any way related to occupation	of deceased?
	(nulless) / marca : //co	The state of	If so, specify	7

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
	May 1,1925	Gusii venierius	1 year

	-lor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	IS A	state	prop	MON is very important See instructions on hack of certificate.
	SIL	pe	pe	of o
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4	E	le le	CAL	FIO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 027	779
1. PLACE OF DEATH	(23)	• 0
County Calvery	Registration Dist. No. 50	
Village or City OLiveX	ND. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	death occurred in a hospital of institution, give its IVAIVIE instead of street and his	
2. FULL NAME / Forthe Cole Ker	X	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH Marcle (Month) (Day)	193 5, (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Thomas Keux	22. I HEREBY CERTIFY, That I attended d Sept. 9- 1934 to May 6	eceasad from
6. DATE OF BIRTH (month, day, and year) Mar-1-1901		death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
34 0 1.5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, Jewseurfe SAWYER, BDDKKEEPER, etc.	7	
9. Industry or business in which	Pulmonary Julesculoses.	1919
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) oliver	Dther Contributory Causes of importance:	
(Stata or country) Manyland		141
13. NAME John Cole		
13. NAME Solve Cottes 14. BIRTHPLACE (city or town) Olives. (State or country) Manyland	Name of operation Data of What test confirmed diagnosis? Was there an au	toneu?
15. MAIDEN NAME Cora Sulton	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Core Sulloy 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Study Authory Williamy Carter of the country C	Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19
17. INFORMANT Throand Iceus (Address) Cluck ned	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA) CE.
18. BURIAL, CREMATION, OR REMOVALUE Date 3/19, 19	Manner of injury	
19. UNDERTAKER & & & & & & & & & & & & & & & & & & &	24. Was disease or injury In any way related to occupation of decaased?	-0.
20. FILED 1/8 , 1935 De La Carlos Registrar.	(Signed) Solomons P	und.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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)	tem of	plnous
	Every i	CIANS
	CORD.	PHYSI
	ENT RE	ILY.
MARGIN RESERVED FOR BINDI	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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SVED	-THIS	uld be
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	PLAIN	anld be
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. No. 1	B.—W	mat

1. PL	ACE OF	DEATH	,				- (3)			T-1
Co	ounty	ely	1	·····/····				Registration	on Dist. No.	9/
Vi	llage or Cit	y /	-t	yti-	/26	No	handala in it	Later State State	St.,	
Le	ngth of reside	ence In city o	r town where	death occurred	,				ME instead of street	
2. FU	LL NAN	1E			Englin					
(a) Residence	e: No		<i>y</i>		St.,	Ward.			
P	FREON	A NID	CTATICT	(Usual place			AEDICAL (ent give city or town	
3. SEX	ERSONA	4. COLOR O		ICAL PARTI	RIED, WIDOWED,	21. DATE C		BERTIFICA	TE OF DEAT	П
1	21		K KALU		write the word)			3	8	, 193
Sa. If mar	ried, widowe	d, or divorced						(Month)	(Day)	(Year)
	BAND of WIFE of	-				22.			FY, That I atten	
				18/2)	L last same		and the second s	10	
7. AGE	Years	nonth, day, an	Months	Days	If LESS than			ted above, at	, 19m.	; Qeatin is s
		= 1917			1 day,hrs.				auses of Importance	
8. T	rade, profess	ion, or partic ork done, as \$	ular		7 01	Wele as lollows	Zel	Ba		Date of on
Ĕ /	SAWYER, I	BOOKKEEPER	, etc			10				
9. 11	work was	usiness in wh done, as SILK	MILL,						*	
0 10 D	ate deceased	, BANK, etc last worked	et	11. Total t	me (years)					
		ation (month		spar occi	nt in this pation					
12. BIRTH	IPLACE (city	or town)	111	1			tory Causes of imp	portance:		
(8	tate or count		0-0	7						
13. N	AME								*****************	
14. B		city or town)				Name of operati	ion		Date	of
œ	(State or c	//	1	200		What test confir	med_diagnosis?		Was there	an autopsy?
프 15. M	AIDEN NAM	EHON	The same of	200) fill in also the folio	
16. B		(city or town)		2		Accident, suicide, or homicide?				, 19
(State or country)				y occur?	(Specify city	or town, county and	State)			
17. INFOR	MANT		eci	they i		Specify whether	injury occurred	וח ואטטטואז, וח	HOME, or in PUBLIC	PLACE.
		ON, OR BEM	OVAL	1 . 0	0	Manner of Injur	Υ			
PI	ace ω	t hs	774	Date 3/	D ,1936					
19. UNDE	RTAKED T	Fra	275	1 taile	-/				cupation of deceased	
	(ddress)	4000	los	* They	on	If so, specify		1/1/	1/-/-	
20. FILED	3/9	5 19 5	35	MIL	isa	(Signed)		www.	10 ans	N
				~ f = = - = -		. !!			6	7 1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5 , 1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

B.LyRITE PLA

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item of infor-	should state	of OCCUPA.	1
RECORD, Every	. PHYSICIANS	Exact statement	
-VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tificate.
NK-THIS IS	should be st	it may be pr	n back of cer
UNFADING I	supplied. AGE	terms, so that	e instructions o
LALALY, WITH	ild be carefully s	DEATH in plain	TION is very important. See instructions on back of certificate.
-VRITE P	mation shou	CAUSE OF	TION is vel

STATE OF M	IARYLAND—CERTIFICATE	OF DEATH	02781
DEATH	82-0	Decision Dist. No.	50

1. PLACE OF DEATH	
County Calpert	Registration Dist. No. 50
Village or City. Solomores	No. St, Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmc	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Sensy Marshall (a) Residence: No. 1203 Marshall (Usual place of abode)	St., Ward. Pallinese Maryland. If nonresident give city or town and state
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the ford) The married, widowed, or divorced	21. DATE OF DEATH /2 , 1935 (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of Maggie Maishall	22. I HEREBY CERTIFY, That I attended deceased from Maich 12, 1935, to, 19
6. DATE OF BIRTH (month, day, and year) august 23, 185	1 last saw h elive on, 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atam.
/7 6 // ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, BULLETIES SAWYER, BOOKKEEPER, etc.	Cerebral Hemonthage 3/12
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWHILL, BANK, etc. 10. Data deceased last worked at this security of the securi	
this occuration (month and 1935 apart in this occuration (month and 1935) occupation.	
12. BIRTHPLACE (city or town) Ballimore (State or country) Maryland.	Other Contributory Causes of importance; Hypertension
13. NAME alexander Marshall	
14. BIRTHPLACE (city or town) Carulled Marshall	Name of operation.
(State of country)	What test confirmed diagnosis? Wes there an europsy?
15. MAIDEN NAME Mary hourse Cecil 16. BIRTHPLACE (city or town) St Mary Co- (Stete or country) 17. INFORMANT MAS Jarah & Pailer	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Solowords Mg. 18. BURIAL, CREPATION, OR REMOVAL 3/3	Manner of injury
Place Astornors, Med Date 113 ,1953	Neture of injury
19. UNDERTAKER & & Deyon (Address) Alomone, mad	24. Wes disease or injury in any way related to occupation of deceesed? 10
20. FILED 12 1935 DESSESSIONER Registrar.	(Signed) Jaly July M. D. (Address) January Fillewick

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDA

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state YRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

	S	TATE OI	F MARY	LAND-	CERTIFICATE OF DEATH	00
1.	PLACE OF DEAT	TH -	_		(159)	04
	County Cles	sur			Registration Dist. No. 5/	
	Village or City_	assau	1-		NoSt.,	Ward
	Length of residence In ci	tv or town where dea	th occurred . A		death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?	
2	FULL NAME	Benero	, ST	maren	Cm. +1.	
	(a) Residence: No.	Per AND	110	Made	St. Ward.	
-	(a) Residence. No	y www.	(Usual place o	f abode)	If nonresident give city or town and St	ite
	PERSONAL AN		AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
I	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEATH (Month) (Day)	93.5 (Year)
5a. I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			11	22. ALL HEREBY CERTIFY, That I attended dec	eased from
6 D	ATE OF BIRTH (month, day	70K	inain	18 1936	I last saw h. W. alive on Jeff 26 ,1935;	leath is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at	cutii is suid
		1	3711	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
NOI	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER.			Grenaturety (twin)	ate of onset
OCCUPATION	. Industry or business in work was done, as S SAW MILL, BANK, e	which				
000	10. Date deceased last wor this occupation (moyear)	ked et nth and	11. Total tin	ne (years) tin this pation		
12.	BIRTHPLACE (city or town) (State or country)	Gan	auso.		Other Contributory Causes of importance with the contributory Causes of importance with the contributory of the contributory o	Zeb 26
ER	13. NAME	eur 1	lens	vers		
FATHER	14. BIRTHPLACE (city or to	own) Cal	west	Causes	Name of operation Date of	
-	(State or country)		- M	01/	What test confirmed diagnosis? Wes there an auto	psy?
HER	15. MAIDEN NAME	Mayel	1, Var	acore.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to	wn) a	weg	Laculty	Accident, suicide, or homicide? Dete of injury	-, 19
2 (State or country) 17. INFORMANT (Address) (Address) (Address)			Steps	ney	Where did injury occur?(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMOTION OR REMOVAL Place dum a Date 12/ 19				1 ,155	Manner of injury	
19. UNDERTAKER Norwood Harris (Address) Willows Med.				2	24. Was disease or injury in any way related to occupation of deceased?	40
20.	FILED 3/2/	193V D.	M. Ju	Registrar.	(Signed) (Address) Linuxe Inchesses	м. D.
		If more bl	anks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER S'	TATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	91-2
County Caluatt -	Registration Dist. No. 51
Village or City Walluelle	No. St., Ward
(If Length of residence in city or town where death occurred Lyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs
2. FULL NAME Marke Wallace	TV.
(a) Residence: No. Wallvelle	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Hale 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (OL) WIFE of Aurule Mallace	22. HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) March 17, 1877	Hast saw h MM alive on Much 16, 1935; death is said
7. AGE Years Months Days If LESS than	to have accurred on the data stated shows at 320 m
0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cadses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, January SAWYER, BDDKKEPER, etc.	Acule Myscardial Facluse 3/8/3
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and /93% spant in this occupation (month and /93%)	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Callette Calgary (State or country)	
13. NAME Mack le allace	
13. NAME Macle laline	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Martia Process	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martia Process 16. BIRTHPLACE (city or town) Caluer Capulage (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Archie Wallace (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Data 3/19 1935	Manner of injury
19. UNOERTAKER William Mason. (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 3/19 19 35 27, 15mg	(Signed) M. D.
Register.	(Address) Mayel (Mullium

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 Buggan			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(3)		
County (aller	Registration Dist. No. 9		
Village or City Applell	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.		
2. FULL NAME Hester Walts			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice the word)	21. DATE OF DEATH (Month) (Day) (Year)		
HUSBAND of Oracle Watts	22 I HEREBY CERTIFY. That I attended deceased from March 2 1935 to March 5 1935		
5. DATE OF BIRTH (month, day, and year) June 7, 1865	I last saw here alive on March 4, 1935; death is said		
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or perticular kind of work done, as SPINNER.	acule appliant failure 3/1/35		
SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL,	Come purmonary verseure 3/7/38		
SAW MILL, BANK, etc 10. Qate deceased last worked et this occupation (month end year) 11. Total time (yeers) spent in this occupation			
12. BIRTHPLACE (city or town) Calvert Coynesty	Other Contributory Causes of Importance: Chronic Glomenulae Heplan		
(State or country)			
13. NAME Major Jorney			
(State or country)	Name of operation Date of		
7 7	What test confirmed diagnosis? Was there an autopsy? Mus		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT I Cara Austrijio (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Date March 8,1933	Manner of injury		
19, UNDERTAKER Delson Lewell. (Address) Agence Lewell.	24. Was disease or injury in any way related to occupation of deceased?		
20. FILE Mach 8, 19 35. Pholos-Registrar.	(Signed) Signed M. D. (Address) Meine Predeuch		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year